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ABSTRACT

This publication brings together statements concerning the minimum knowledge and skills objectives in alcohol and other drug abuse determined by the professional organizations of six medical specialties: pediatrics; emergency medicine; obstetrics and gynecology; psychiatry; general internal medicine; and family medicine for undergraduate, residency, and continuing medical education. It is noted that all six specialties found a need for increased faculty expertise in alcohol and other drug abuse teaching and for the incorporation of clinical skills development within the teaching program. Each statement lists the knowledge and skills objectives and the members of the advisory committee who formulated each statement. (JB)

National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse

MINIMUM KNOWLEDGE AND SKILLS OBJECTIVES FOR ALCOHOL AND OTHER DRUG ABUSE TEACHING

Prepared by

Ambulatory Pediatric Association
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American Psychiatric Association
Society of General Internal Medicine
Society of Teachers of Family Medicine

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Contents

Introduction

Problems associated with the use of alcohol and other drugs are widespread, resulting in extremely high costs to society. Studies indicate that many physicians are ambivalent about their role with respect to alcohol and other drug problems, and have a low rate of problem recognition. Reasons cited for physicians' reluctance to intervene with patients with alcohol and other drug abuse problems include negative attitudes about alcoholic and other drug abusing patients, pessimism about the possibility of recovery, and lack of confidence in their clinical ability to manage patients with these problems. Primary care providers constitute a large manpower pool that can have substantial impact on the prevention of alcohol and other drug problems. They are in a unique position to provide routine screening and general health counseling concerning alcohol and other drug use and abuse.

To assess the educational needs of primary care physicians, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) awarded contracts to six national medical specialty organizations: The American Psychiatric Association, the Society of Teachers of Family Medicine, the Society of General Internal Medicine, the American College of Emergency Physicians, the American College of Obstetricians and Gynecologists, and the Ambulatory Pediatric Association. These groups conducted surveys of their medical faculties and identified two major needs: increased faculty expertise in alcohol and other drug abuse teaching and the incorporation of clinical skills development as an essential component of a teaching program.

In response to the identified needs, the selected representatives from each specialty group reached consensus on the core knowledge and skill competencies that physicians within the specialty should possess to reduce the morbidity and mortality rates associated with alcohol and other drug abuse.

The basic knowledge and skills statements of each of the six specialty groups are included in this publication. The statements are organized for each level of training within the specialty: undergraduate, residency, and continuing education.

Minimum Knowledge and Skills Objectives in Alcohol and Other Drug Abuse for Pediatric Faculty

The abuse of alcohol and other drugs is one of our nation's most serious health threats. Although use of these substances appears to be declining (Johnston, O'Malley, and Bachman 1987), experimentation is occurring at a much younger age. According to a survey by the National Parents' Resource Institute for Drug Education (1986), approximately one out of three sixth graders has tried beer or wine. Of alcohol users in the 9- to 13-year-old age group, 14 percent used alcohol at least monthly (Hutchinson and Little 1985). Marijuana, the most commonly used other drug, was reportedly tried by one of every five eighth graders participating in a recent statewide survey (Maryland Drug Abuse Administration 1985).

The use of alcohol and other drugs among the high school population is more pervasive. Approximately 90 percent of all high school seniors have tried alcohol, and 4.8 percent reportedly daily use. Fifty-one percent of high school seniors reported having smoked marijuana at some time, while daily or near daily usage was reported by 4 percent of this population (Johnston, O'Malley, and Bachman 1987).

In the Nation as a whole, alcohol and other drug abuse is a common problem. Thirty-three percent of the American population over 11 years of age have used either marijuana, hallucinogens, cocaine, heroin, or a psychotherapeutic drug for nonmedical purposes at some time in their lives (Segal et al. 1983). Despite this clear epidemiological evidence, a number of physicians fail to recognize and diagnose such abuse among their patients. For example, the majority of respondents from medical schools and residency programs surveyed recently by the Ambulatory Pediatric Association (APA) stated that 1 percent or less of their patients had a primary diagnosis of alcohol or other drug abuse problems.

The inability to identify substance abuse as a significant health problem stems primarily from the physician's self-acknowledged lack of information and skills. In a statewide survey of primary care physicians, respondents estimated that 5 percent or less of physicians felt successful in helping their patients with alcohol and other drug abuse problems (Wechsler et al. 1983). The American Medical Association's Center of Health Policy Research (Sadler 1984) reported that only 27 percent of polled physicians felt competent to diagnose and treat alcoholic patients. Contributing factors identified by physicians included inadequate training, attitudinal barriers, and constraints of the medical education system.

With enhanced knowledge and skills in the area of substance abuse, primary care physicians can make great strides in reducing the morbidity and mortality rates associated with alcohol and other drug abuse and related problems. In addition, the costs to society stemming from these problems—estimated to total almost $218 billion in 1983 (Kamerow, Pincus, and Macdonald 1986)—could also be reduced.

General Concepts

Definitions

Medical students, residents, and practicing pediatricians should be able to define the following terms:

- Abuse
- Addiction
- Dependence
- Tolerance
- Withdrawal syndrome

Epidemiology

Medical students, residents, and practicing pediatricians should have basic knowledge of incidence, prevalence, morbidity, mortality, and demographic differences regarding alcohol and other drug abuse. They should also be able to identify predominant patterns of alcohol/drug use and abuse.

Risk Factors

Medical students, residents, and practicing pediatricians should be able to describe key predisposing factors to alcohol and other drug use and abuse including genetic, familial, peer group, sociocultural, and demographic factors.

Social and Familial Sequelae

Medical students, residents, and practicing pediatricians should be able to describe the unique problems of children of alcoholic and other drug abusing parents. They should also be familiar with the prevalence of neonatal drug abuse related syndromes, and with socioeconomic costs of alcoholism and drug addiction. They should recognize the empirical association between alcohol and other drug abuse and accidents, suicide, and homicide and be familiar with the concepts relating alcohol/drug abuse and familial disharmony.

Prevention

Patient Education

Medical students, residents, and practicing pediatricians should be able to provide anticipatory guidance on the effects of alcohol and other drug abuse to individual patients and their families. In addition, they should demonstrate an understanding of the sociocultural factors that might affect alcohol and other drug abuse prevention including: common reasons for drug use among children and adolescents, how prevention programs might affect them, the family's potential role in substance abuse prevention, and the role of peer pressure in the prevention of substance abuse.

Attitudes

They should also be sensitive to the influence of physician attitudes on the recognition, intervention, selection of treatment options, treatment outcomes, and patient acceptance of a diagnosis of alcohol and/or other drug dependence. Finally, they should demonstrate an understanding of the physician's role in primary prevention.

Pharmacology and Pathophysiology

Medical students, residents, and practicing pediatricians should be able to discuss the basic pharmacologic properties of classes of commonly abused drugs such as stimulants, depressants, opiates, inhalants, hallucinogens, and cannabinoids. In addition, they should understand the principles of the physiology and biochemistry of dependence and addiction. Medical students, residents, and practicing pediatricians should be able to describe or outline: intoxication, acute and chronic adverse reactions and withdrawal syndromes of commonly abused drugs, common behavioral and physiological effects and side effects, and the half-life and duration of action of these drugs. Medical students, residents, and practicing pediatricians should be able to explain drug-drug interactions among commonly abused substances including illicit, over-the-counter, and prescription drugs, as well as describe the actions of common adulterants and impurities of street drugs.

Evaluation of the Patient

History

Medical students, residents, and practicing pediatricians should be able to develop a process for effectively gathering historical data that includes interviewing adolescents or children and their parents to elicit reliable drug histories and being able to recognize and respond appropriately to patient and/or family responses and defense mechanisms that commonly occur during history taking. They should also be familiar with local street names for commonly abused substances; be aware of presenting complaints for psychiatric or medical illnesses that may be indicative of alcohol or other drug abuse; and be familiar with early physical symptoms suggestive of alcohol or other drug abuse that may be found through a review of the medical history, such as unexplained hypertension and arrhythmia.

They should be capable of determining whether social consequences of alcohol and other drug abuse exist, such as poor or inconsistent academic performance, school attendance problems, delinquent behavior, and familial discord, and should be capable of identifying familial and sociocultural issues that predispose a person to and promote continuation of alcohol and other drug use.

Medical students, residents, and practicing pediatricians should be able to obtain historical information that might suggest prenatal and neonatal complications of maternal alcohol or other drug abuse, including fetal alcohol syndrome, newborn distress, and newborn withdrawal.

Physical Examination

They should also be able to perform an appropriate physical examination to assist in the diagnosis of alcohol or other drug abuse, intoxication, overdose, withdrawal, and related medical complications, including recognizing intoxication and distinguishing acute and chronic signs for the major substances of abuse. In addition, they should be capable of recognizing behavior incongruous with the patient's background, age-related developmental characteristics, and personality style, as well as per-

forming a systematic examination of organ systems and recognizing cutaneous, infectious, and other abnormalities suggestive of alcohol and other drug abuse.

Laboratory Tests

Finally, they should be able to demonstrate knowledge of available laboratory screening tests and their appropriate use and interpretation.

Patient Management

Consultation

Medical students, residents, and practicing pediatricians should be able to provide directly or obtain consultation for appropriate medical management of acute episodes related to alcohol and other drug abuse.

Intervention

They should be able to intervene effectively and encourage the patient and family to accept treatment through the use of such methods as supportive and nonrejecting confrontation, family intervention, patient education, and communication skills that foster open discussion of alcohol and other drug abuse and its treatment.

Treatment Modalities

Medical students, residents, and practicing pediatricians should know about available treatment options including differences in treatment philosophies, modalities, and settings. They should also be able to identify the appropriate treatment resources to meet patient needs.

Motivation and Followup

Residents and practicing pediatricians should be able to support the patient throughout the treatment process and following its completion, including identifying realistic treatment goals and expectations of treatment outcome; identifying potential factors contributing to patient relapse during treatment and strategies for preventing or minimizing it; and, finally, providing referrals for followup or aftercare.

Legal and Ethical Aspects

Legal

Medical students, residents, and practicing pediatricians should be familiar with specific State laws as they relate to physician-patient communications and prescribing practices. Residents and practicing pediatricians should be familiar with legal limitations on intervention with children and adolescents.

Ethical

Medical students, residents, and practicing pediatricians should be familiar with ethical and confidentiality requirements of medical treatment. In addition, they should be aware of the ethical considerations concerning notification and involvement of parents.

Impairment of Health Professionals

Medical students, residents, and practicing pediatricians should be able to describe the factors that make physicians particularly susceptible to abuse of psychoactive substances. In addition, they should be aware of the incidence of alcohol and other drug abuse among physicians and be able to describe how drug and alcohol use by physicians influences their practice. Finally, they should be familiar with laws and regulations about reporting health professionals who are abusing substances and with helping resources and voluntary organizations that can aid impaired physicians.

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Minimum Knowledge and Skills in Alcohol and Other Drug Abuse for Emergency Medicine Faculty

The following summarizes the minimal skills, knowledge, and attitudes about alcohol and other drug abuse necessary for medical students and emergency physicians to possess and delineates levels for each objective. Most objectives listed are considered to be essential for anyone graduating from medical school. These same objectives should be reviewed in the training of residents in emergency medicine, along with more indepth material. Certain objectives, which are considered only appropriate for those who are in graduate training programs in emergency medicine, have been designated with an "*".

These objectives are written for faculty at the undergraduate and graduate level who are designing curriculum materials as well as evaluation materials for alcohol and other drug abusing education.

General Issues

1. Discuss the epidemiological aspects of alcohol and other drug abuse and poisoning.
2. Recognize the extent of the alcohol and other drug abuse problem in the prehospital and emergency department settings.
3. Discuss the ethnic, socioeconomic, occupational, and other factors associated with substance abuse.
4. Recognize the implications of denial of substance abuse at the physician and patient level.
5. Compare and contrast the disease concept of alcohol and other drug abuse disorders with other models or theories.
6. Identify and define the substances of abuse (their classes and street names).
7. Identify and understand common terminologies such as abuse and addiction, dependency, tolerance, use, and misuse.
8. Identify the emergency physician's responsibilities and limitations in treating alcohol and other drug abuse patients..
9. List the groups that emergency physicians would be responsible for educating (emergency physicians, nurses, medical students, and prehospital care personnel) and specify strategies and needs.
10. Determine the educational offerings available for maintaining knowledge and skills regarding substance abuse.
11. Recognize the need to maintain up-to-date knowledge about diagnosis, treatment, and the ongoing recovery process.
12. Recognize the importance of patient and family education as part of the treatment process.
13. Provide patient education regarding use of addictive or abused substances.
14. Discuss the medical-legal aspects of substance abuse.

Diagnosis and Recognition of Alcohol and Other Drug Abuse

1. Define and explain the criteria for diagnosing substance abuse (NCA, DSM-11I-R).
2. Identify and apply the appropriate diagnostic methods for recognizing the early stages of substance abuse.
3. Describe the medical, surgical, and psychiatric conditions frequently associated with alcohol and other drug abuse.
4. Perform a differential diagnosis for each type of substance abused.
5. Explain the use of blood, urine, and breath tests in screening for substance abuse and the legal issues of administering these tests.
6. Identify the negative attitudes in physicians that may inhibit the diagnosis of alcohol or other drug abuse.

Management of Alcohol or Other Drug Abuse

1. Identify the clinical presentation and treatment of acute intoxication from substances of abuse.
2. Identify the clinical presentation and treatment of withdrawal states associated with abused substances.
3. Compare and contrast the management of acute intoxication and withdrawal in the prehospital setting to that in the emergency department.
4. Demonstrate technical expertise in performing therapeutic and diagnostic emergency interventions (e.g., intubation, gastric lavage).
5. Recognize the possibility of multiple drug ingestion in the acutely intoxicated patient.
6. Recognize that detoxification is only the first step in the definitive treatment of alcohol and other drug abuse.
7. Present the diagnosis of substance abuse and emphasize the need for treatment to the patient and significant others.
8. Describe appropriate attitudes physicians should have toward substance abuse patients (e.g., negative attitudes may have a detrimental effect on the patient-physician interaction; positive attitudes enhance patient compliance).
9. Define, compare, and contrast acute versus chronic organic brain syndromes and recognize that some substances can cause an organic brain syndrome after the initial intoxication.
10. Identify the agencies and facilities available to the patient and family for treatment; then, based on the patient's needs and the community resources, make the appropriate referrals (e.g., Al-Anon, AA, NCA, county and State impaired physician committees).
11. Recognize the effects that alcohol and other drug abusing patients have on their families (e.g., spouse and children).
12. Identify and discuss the roles of people who can assist in the treatment of substance abuse patients (e.g., psychiatrists, nurses, alcohol and drug abuse counselors, social workers).
13. Recognize drug-seeking behavior in patients presenting to the emergency department for various medical problems.

Complications

1. Discuss the role that substance abuse and incidental poisoning may play in patients with illnesses related to environment, athletics, and/or occupation (e.g., burns, hypothermia, hyperthermia, drowning).
2. Identify and discuss the acute and chronic medical, surgical, and psychiatric manifestations of alcohol and other drug abuse.
3. Discuss the complications of pharmacotherapy (including naltrexone, disulfiram, and methadone) and drug interactions.
4. Compare and contrast pharmacological versus toxicological manifestations of abused substances.

Special Populations and Alcohol and Other Drug Abuse

1. Discuss the patterns and risks of alcohol and other drug abuse associated with age, gender, culture, and occupation.
2. Identify the effects of use and abuse of drugs in the pregnant patient, including obstetrical and fetal complications.
3. Explain the interaction between specific medical and surgical conditions and the development of substance abuse.

Physician Impairment

1. Discuss the signs and symptoms of physician impairment.
2. Recognize that the impaired physician is often unable to ask for help.
3. Discuss methods of identifying and preventing physician impairment.
4. Recognize the need for reporting impaired physicians and determine the appropriate manner of intervening in order to initiate treatment.
5. Recognize factors that may place physicians at risk for alcohol and other drug abuse.

Minimum Knowledge and Skills Objectives in Alcohol and Other Drug Abuse for Obstetrics and Gynecology Faculty

The obstetrician-gynecologist is frequently the primary care physician for the female patient. Ob-gyns often have to treat patients who may be abusing either alcohol or other drugs, or, in some instances, a combination of drugs. If the patient is pregnant, the effects of alcohol and/or other drugs on the fetus may be devastating, causing otherwise preventable birth defects. It is important for the ob-gyn to be able to identify, educate, and, if necessary, refer the substance abuser to appropriate counselors, social workers, or alcohol and other drug abuse treatment programs. Knowledge and clinical skill objectives for the ob-gyn student, resident, and practicing physician have been developed to assist the specialty with the problems arising from alcohol and other drug abuse.

The ob-gyn must also recognize that physicians themselves are a group at risk of developing substance abuse disorders. Knowledge and skill statements have been developed to educate ob-gyn students, residents, and practicing physicians about the problems of alcohol and other drug abuse among themselves.

For the purpose of this document, knowledge and skill statements for alcohol and other drug abuse are presented in several categories: (1) Natural History, (2) Prevention, (3) Patient Detection, (4) Management, and (5) The Impaired Physician.

Natural History

The ob-gyn should:

1. have a basic understanding of the theories of the etiology of alcohol abuse and dependence, and of other drug abuse and addiction in women at different stages of their lifecycle.

2. have a basic knowledge of drug effects upon the fetus, including fetal alcohol syndrome and alcohol-related birth defects.

3. know that acquired immune deficiency syndrome (AIDS), often associated with alcohol and other drug abuse, can be transmitted from the mother to her fetus.

Prevention

When acting as the patient's primary care physician, the ob-gyn should:

1. be able to educate women about the effects of alcohol and other drugs on themselves and the fetus.

2. be aware of informational materials designed to educate the patient about the effects of alcohol and other drug abuse on both the patient and the fetus.

Patient Detection

Alcohol and other drug abuse are important issues for all patients receiving routine ob-gyn care and, in particular, the discovery of the alcohol and other drug abuser plays an integral part in the prevention of fetal alcohol syndrome/alcohol-related birth defects and other drug effects on the fetus. Therefore, ob-gyns should:

1. have a basic understanding of high-risk behaviors in patients who may be suspected of alcohol and other drug abuse.

2. be able to obtain an effective alcohol and other drug use history from the patient.

3. be aware of patient defense mechanisms that could inhibit a thorough alcohol and other drug use history.

4. be aware that personal attitudes (about alcoholics and other drug abusers) may affect patient-physician communication.

Management

When a patient is suspected of, or has been identified as, abusing alcohol or other drugs, the ob-gyn should:

1. be aware of the various treatment programs/resources available to the patient.

2. be able to refer the patient to proper treatment agencies, special counselors, or social workers.

3. maintain long-term ob-gyn management of the patient who has been referred to such treatment.

Physician Impairment

With the understanding that physicians are a group at risk of developing drug and alcohol abuse, the ob-gyn should:

1. be aware of the risk factors surrounding the physician who might abuse alcohol and/or other drugs.

2. be aware of resources available for intervention and treatment for the physician who might abuse alcohol and/or other drugs.

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Minimum Knowledge and Skills Objectives in Alcohol and Other Drug Abuse for Psychiatry Faculty

The minimum knowledge and skill levels of alcohol and other drug abuse curricula in psychiatry as set forth here are appropriate to all three levels of medical education: (1) medical schools, (2) residency training programs, and (3) continuing medical education. Each of the topics specified should be addressed in any complete program for the training of the targeted groups. However, differences exist in the breadth of knowledge and caliber of skills for the different educational levels as well as the degree of emphasis placed on various topics. Accordingly, residents should be more proficient and cognizant of alcohol and other drug abuse treatment issues than medical students.

Medical Schools

At the medical school level, emphasis must be placed on the basic sciences of alcohol and other drug dependence, and this information should be integrated fully into preclinical courses. Medical assessment for alcohol and other drug dependence must be an integrated part of every patient's evaluation. In subsequent treatment, emphasis should be placed on the management of acute symptoms associated with alcohol and other drug dependence. Engagement into treatment and referral to specialized care should be accentuated over long-term rehabilitation.

Residency Training Programs

At the residency level, the basic sciences of alcohol and other drug dependence should be integrated with and comparable to knowledge acquired for other psychiatric illnesses. A well-supervised clinical experience in evaluation and treatment should be an integral part of the training experience, and the level of skill acquired should be comparable to that developed for other major psychiatric disorders. This should occur in the general psychiatric services, where residents learn to carry out differential diagnosis of alcohol and other drug dependence with coexisting disorders. Intervention with patients and their families, initiation of the patients into long-term treatment, and followup of abstinence and long-term recovery are other essential skills. This training is best provided in a well-supervised core clinical rotation dedicated to the treatment of alcohol and other drug dependencies.

Continuing Medical Education

At the continuing medical education level, graduate psychiatrists should build upon the same knowledge and skills in assessment and treatment as do psychiatric residents by integrating knowledge, skills, and attitudes into their particular practice and professional styles. General psychiatrists should be acquainted with the treatment opportunities available for alcohol and other drug dependent persons in the respective settings where they practice.

Knowledge and Skill Levels

1. General concepts
   a. Alcohol and other drug use and abuse in a biopsychosocial context
   b. Disease concept
   c. Definitions of dependence
   d. Natural history and etiology
2. Basic sciences
   a. Pharmacology
      - Receptors, reinforcement, tolerance, and dependence
      - Human pharmacology, pharmacokinetics, and drug interactions
   b. Neurochemistry and neurophysiology
   c. Toxicology
   d. Genetics
      - Population
      - Molecular
   e. Behavioral sciences
      - Behavioral psychology
      - Psychodynamics
      - Family systems
      - Sociocultural factors

3. Epidemiology and demography
   a. Incidence and prevalence of use among specific demographic groups
   b. Risk factors
4. Prevention
   a. Avoidance of iatrogenic disorders
      - Management of chronic pain
   b. Recognition of high-risk populations, situations, and lifestyles
   c. Knowledge of community health resources and involvement in health promotion
5. Medical assessment
   a. Comprehensive historical and physical evaluation of the patient including:
      - Alcohol and other drug history
      - Family history of psychiatric illness and alcohol and other drug abuse
      - Other medical and psychiatric history
      - Physical examination
      - Prior alcohol or other drug abuse treatment
      - Mental status and examination
      - Interpretation of laboratory tests
      - Personal, social, and economic history
      - Appropriate use of consultants
6. Diagnosis and differential diagnosis
   a. Diagnosis of alcohol or other drug disorders
   b. Multiple diagnoses (coexisting medical and psychiatric conditions)
   c. DSM and ICD diagnostic criteria
   d. Individualized formulation and treatment plan
7. Intervention, confrontation, and referral
   a. Intervention and confrontation techniques
      - Evaluation of potential for harm to self and others
      - Establishment of a therapeutic alliance
      - Motivation of patient for treatment and recovery
      - Intervention strategies with family and network
   b. Referral

      Resources
      - Community agencies
      - Self-help groups

      Procedures
      - Knowledge of referral
      - Effecting the referral
      - Followup of the referral
8. Other medical and psychiatric complications
   a. Effects of alcohol and other drugs on fetus and newborn
   b. Trauma
   c. Chronic pathology associated with the toxic effects of alcohol and other drugs
   d Medical consequences of routes of administration
   e. Dangerousness and violence assessment
   f. Influence on family, work, and social functioning
9. Acute and long-term management
   a. Acute management
      - Intoxication
      - Withdrawal
      - Overdose
      - Toxic reactions including drug-drug interactions
   b. Long-term management
      - Establishment of long-term relationships
      - Types of treatment modalities and expected outcomes
      - Pharmacotherapy of primary alcohol and other drug abuse conditions
      - Pharmacotherapy of other and associated medical or psychiatric conditions
      - Participation on an interdisciplinary team
10. Legal aspects
    a. Knowledge of Drug Enforcement Agency (DEA) schedule of controlled substances
    b. Screening tests (e.g., blood, urine, breathalyzer, saliva)
    c. Criminal and civil liabilities associated with alcohol and other drugs
    d. Patient privacy, confidentiality, and dangerousness

Attitudes

Attitudes are considered separately from knowledge and skills because they bear upon all of the previous issues.

Medical students and residents should develop:

- An understanding of professionalism and physician responsibility

- A nonjudgmental and nonmoralistic approach to alcohol and other drug abuse patients
- Realism about alcohol and other drug abuse as a chronic disease
- Appropriate optimism about an individual patient's potential
- Ability to exercise compassion, empathy, and understanding
- Ability to accept the alcohol and other drug abuser as appropriate for medical attention
- Ability to recognize the disease in a patient or professional colleague

Practicing psychiatrists should develop:

- A fresh look at old problems
- A willingness to examine one's professional style
- Revision of old stereotypes
- Realism about alcohol and other drug abuse as a chronic disease
- Appropriate optimism about an individual patient's potential
- Ability to recognize the disease in a patient or professional colleague

Minimum Knowledge and Skills Objectives in Alcohol and Other Drug Abuse for General Internal Medicine Faculty

For All Practicing Physicians

The purpose of this statement is to broadly describe the minimum knowledge and skills in alcohol and other drug abuse desired for practicing physicians, including general internists, psychiatrists, family physicians, and pediatricians. This body of knowledge is presented because the practicing physician is at the forefront of prevention and management of this important problem.

Physicians should accept alcohol and other drug abuse as medical disorders. They should be informed about substance abuse disorders; recognize the effect on the patient, the family, and the community; and be able to diagnose and treat these disorders. Physicians should recognize their own personal strengths and limitations in managing patients with substance abuse.

General Concepts

The practicing physician should understand the following general concepts related to alcohol and other drug abuse:

1. Common definitions
2. Diagnostic criteria
3. Epidemiology and natural history
4. Risk factors, including familial and sociocultural factors and current genetic and biologic theories
5. The relationship of this group of disorders to the functioning of the family

Prevention

Practicing physicians should understand their role in prevention of alcohol and other drug abuse problems through patient education, risk identification, and prescribing practices.

Pharmacology and Pathophysiology

The practicing physician should understand the following:

1. The pharmacology and behavioral effects of commonly abused substances
2. The physiology of intoxication, dependence, tolerance, and withdrawal
3. Pathological effects of acute and chronic drug and alcohol abuse on organ systems

Evaluation of the Patient

The practicing physician should be aware of specific presenting complaints suggestive of alcohol or other drug abuse. In addition, physicians should be able to screen effectively for the early and late manifestations of substance abuse, including behavioral manifestations.

Once substance abuse is suspected in an individual patient, physicians should be able to confirm the diagnosis by obtaining a detailed alcohol and drug history, identifying physical findings suggestive of substance abuse, and interpreting the results of selected laboratory tests.

The practicing physician should be aware that substance abuse disorders may present as other medical or psychiatric disorders or may be complicated by the presence of psychiatric or medical comorbidity.

The practicing physician should be aware that denial in the patient, family, and physician delays recognition and treatment.

Patient Management

Practicing physicians should be able to directly manage or refer patients for treatment of acute intoxication, overdose, and withdrawal. They should be able to motivate the patient for further treatment and select an appropriate management plan from available treatment options, bearing in mind the patient's needs and community resources. They should know about the various treatment alternatives and the expected outcomes of treatment.

Physicians should recognize their responsibility in the long-term management and followup of patients who abuse alcohol or other drugs.

The practicing physician should be familiar with the

philosophy and availability of self-help groups for the patient and family, such as Alcoholics Anonymous and Al-Anon.

Legal Aspects

The practicing physician should know the legal aspects of informed consent, release of information, and obtaining blood, urine, and breath tests in screening for alcohol and other drug use.

The physician should be knowledgeable about the laws and regulations governing the use of controlled substances.

Impairment of Health Professionals

The practicing physician should be aware of health professionals as a group at risk for alcohol and drug problems and informed about the resources available for impaired colleagues.

For All Medical Students

Medical students should be aware of the prevalence of patients with alcohol and other drug abuse problems in all medical settings. Students should have the same fund of knowledge in this area as practicing physicians. Students should also be able to screen for substance abuse when taking a history and conducting a physical examination and should be able to take a detailed alcohol or drug use history when appropriate. Students should be aware of different treatment modalities and their expected outcomes. They are not expected to have the skills necessary to treat patients for their primary problem.

For Practicing Internists and Internal Medicine Residents

General Concepts

The internist should:

1. be able to distinguish alcohol and other drug abuse and addiction/dependence from other forms of substance use;
2. be familiar with current criteria (e.g., DSM, WHO, NCA) for making a diagnosis of alcohol or other drug abuse/dependence;
3. have knowledge of the natural histories of alcoholism and other drug abuse; the epidemiology of substance abuse, including populations at risk (including health professionals), prevalence, prognostic factors, and the overall costs to society; and hereditary and sociocultural factors that play a role in the syndrome of substance abuse;
4. be aware that defense mechanisms in the patient, family, and physician delay recognition and treatment of substance abuse; and
5. realize that physician prescribing practices can contribute to the potential for substance abuse in patients.

Pharmacology and Pathophysiology

The internist should have knowledge of or ready access to information about the following:

1. The basic pharmacologic properties of the classes of commonly abused drugs (stimulants, depressants, opiates, inhalants, hallucinogens, and cannabinols)
2. The half-life and duration of pharmacologic effects of commonly abused substances
3. The drug interactions among commonly abused drugs and between them and prescription drugs
4. The principles of the physiology of dependence, withdrawal, and tolerance and how they apply to clinical practice
5. The pathologic effects of acute and chronic alcohol and other drug use on the various organ systems

Evaluation of the Patient

The internal medicine resident should have access to a consultant or preceptor to assist with the following management skills. The resident should know how to use a preceptor or consultant effectively.

1. By being aware of the early behavioral manifestations of alcohol and other drug abuse and the features in the history, physical examination, and laboratory tests that suggest this disorder, the internist should be able to screen effectively for its presence in the same framework as screening for other problems such as cancer and hypertension.
2. The internist should know the symptoms, physical findings, and laboratory abnormalities present in patients with late-stage alcoholism and other drug abuse.
3. The internist should be able to take a detailed alcohol and drug use history (e.g., quantity, dura-

tion of use, route of administration, and evidence for development of tolerance) when indicated.

4. The internist should be aware of the relationship between alcohol and other drug abuse and other medical and psychiatric problems and how the former may masquerade as or mask the latter.

Management Knowledge and Skills

The internist should know the following:

1. The signs and symptoms, differential diagnoses, and management of overdose, intoxication, and withdrawal from commonly abused substances
2. The utility of blood, urine, and breath tests in screening for or monitoring treatment of alcohol and other drug abuse
3. The principles of the diagnosis and management of the medical complications of acute and chronic substance abuse
4. How to discuss the diagnosis with the patient and the family, and how to formulate a treatment plan
5. How to establish realistic treatment goals, be aware of available treatment modalities and their limitations, and determine the need for inpatient versus outpatient treatment
6. The philosophy and organization of self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous)
7. The indications for and side effects of disulfiram and naltrexone
8. How to maintain a continuing primary care relationship with a substance abusing patient, either assuming or coordinating treatment of the patient for this problem or following the patient in conjunction with a specialist in substance abuse
9. How to educate patients about potentially addictive or abused substances
10. How to provide consultative service to physicians in the surgical or nonmedical specialties for patients who possibly or definitely abuse alcohol or other drugs

Legal Aspects

1. The internist should have knowledge of the medical-legal principles (including informed consent) involved when obtaining breath, blood, and urine tests for abused substances.
2. The physician should be aware of the laws and guidelines that ensure patient confidentiality and how they apply to release of medical information regarding alcohol and other drug abuse.
3. The physician should be aware of the laws that apply to the prescription of controlled substances and, specifically, to methadone maintenance.

For Medical Students Completing Internal Medicine Clinical Experiences

The medical student should be aware of the high prevalence of alcoholism and other drug abuse among patients commonly seen by internists.

General Concepts

The student should have current knowledge of the following:

1. Definitions of abuse, addiction/dependence, and tolerance
2. Criteria (e.g., DSM, WHO) for making a diagnosis of alcohol or other drug abuse
3. Sociocultural and hereditary factors that affect the use of potentially addictive or abused substances
4. Defense mechanisms in the patient, family, and physician that may lead to delayed recognition and treatment of substance abuse
5. How physician prescribing practices can contribute to the potential for substance abuse in patients

Pharmacology and Pathophysiology

The student should have current knowledge of the following:

1. Classifications of commonly abused drugs (stimulants, depressants, opiates, inhalants, hallucinogens, and cannabinols)
2. The half-life and duration of the pharmacologic effects of commonly abused substances
3. The physiology of dependence and withdrawal and its clinical application

4. The pathological effects of acute and chronic drug and alcohol use on the major organ systems

Patient Evaluation

The student should be able to do the following:

1. Effectively screen for alcohol and other drug abuse in the course of performing a routine history and physical examination by being aware of the early behavioral manifestations and features of the history, physical exam, and laboratory data that suggest such a diagnosis.
2. Work intelligently with specific screening tools such as the CAGE and MAST questionnaires.
3. Take a detailed alcohol and drug use history, when indicated.
4. Formulate a differential diagnosis when considering drug or alcohol abuse and be aware of how substance abuse disorders may present as other medical or psychiatric disorders.

Management Knowledge and Skills

1. The student should understand the principles of the diagnosis and treatment of overdose, withdrawal, and acute intoxication.
2. The student should know the signs and symptoms of the common medical complications of acute and chronic alcohol and other drug abuse.
3. The student should know how to discuss the diagnosis with the patient.
4. The student should be aware of the issues regarding long-term treatment of patients who abuse alcohol or other drugs.
5. The student should understand the philosophy and organization of self help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous).

Legal Aspects

1. The student should have knowledge of the medical-legal principles (including those of informed consent) involved when physicians obtain breath, blood, and urine to test for abused substances.
2. The student should be aware of the laws that apply to the prescription of controlled substances and, specifically, to methadone maintenance.

Minimum Knowledge and Skill Objectives in Alcohol and Other Drug Abuse for Family Medicine Faculty

Family medicine has a unique strategic advantage in detection and management of the alcohol or other drug abusing patient. If alert and knowledgeable, family physicians understand the newer genetic data about alcoholics and can use family-centered techniques such as genograms to further assess an at-risk population. In following children, they can use early-intervention strategies and patient education with a population where prevention is of utmost importance. In addition, although abusing patients may be able to avoid visiting the family physician, the members of their families are likely to present with a myriad of complaints and signs of dysfunction. This allows the family physician to intervene whether or not the index patient is helped.

Adequate preparation for the practice of the specialty of family medicine requires that the following objectives be met. All of them can be prefaced with the clause: "The resident family physician, by completion of training, will know/be able to _____." Where possible, they have been worded in such a manner as to lend themselves to testing.

General Knowledge

Knowledge Objectives

1. General statistics related to alcohol and other drug abuse in American society, i.e., overall cost in dollars, human lives, family violence, physical and mental abuse, child abuse, and prevalence of substance intake (by major types) in the general population
2. Natural history of alcoholism and other drug abuse, which can be conceptualized as a paradigm of a chronic, progressive, relapsing family illness
3. At least three common definitions and criteria and three myths of alcoholism and other drug abuse and one definition appropriate for family medicine
4. Differences in alcohol content, labeling, advertising, and marketing for a minimum of three types of beverages
5. General facts about the history of alcohol use and abuse and other drug use and abuse in a social context

Family Illness/Systems Issues

Knowledge Objectives

1. Family transmission patterns through generations
2. Basic premises of family systems theory
3. Differences between family dynamics in healthy families and those with an alcohol or other drug abusing member
4. Red flags for raising index of suspicion within a family
5. Progression and stages of family alcohol and other drug abuse and dependence
6. Observable and documentable familyenabling types of behaviors
7. Treatment resources available for family members with and apart from the substance-abusing patient
8. Available resources in the community specializing in family support (e.g., Al-Anon) and resources available to make initial contacts
9. Frequency of increased occurrence in other members of a family with one alcohol or other drug-abusing member
10. At least two techniques for communicating with children
11. The power of family and social pressures to drink and the critical role of the family in relapse prevention
12. General family counseling principles relative to alcohol and other drug abuse and family therapy options
13. Characteristics of adult children of alcoholics and the prevalence of related problems

Skill Objectives

Motivate families for treatment and recovery and initiate family counseling/therapy or referral for such families in at least one situation even if the patient refuses treatment.

Epidemiology

Knowledge Objectives

1. Risk factors for alcohol and other drug abuse with specific attention to subpopulations
2. Major genetic theories and evidence in relation to alcoholism

Skill Objectives

Detect a minimum of 10 at-risk patients by virtue of their sociocultural background information and implement a method for continued, periodic review of those patients' patterns of alcohol and/or other drug use. (This can then be documented as part of recertification.)

Prevention

Knowledge Objectives

1. Understanding the family physician's unique advantage in prevention and detection
2. At least two available patient education techniques
3. Two kinds of community public relations preventive strategies
4. Fetal alcohol syndrome criteria, statistics, detection methods, resources available, and implications for unborn and newborn children and mothers
5. Understanding how advertising encourages increased consumption and use by adolescents

Skill Objectives

1. Initiate a risk-reduction intervention (e.g., behavior modification, educational interventions) with at least five patients in the family practice setting
2. Initiate counter-advertising strategies within the family practice office

Pathophysiology

Knowledge Objectives

1. The meanings of intoxication, tolerance, and dependence as they apply to alcohol and other drug abuse
2. Absorption, metabolism, and distribution of alcohol and other major drugs of abuse
3. Major complications categorized by body systems
4. Alcohol or other drug abuse masquerading as other medical symptoms
5. Complications borne out through unexpected data sources (e.g., radiology data, emergency room data)
6. Recent biomedical developments in addiction

Differential Diagnosis and Diagnosis

Knowledge Objectives

1. How to use and interpret the Michigan Alcoholism Screening Test (MAST), Short Michigan Alcoholism Screening Test (SMAST), and *C*utting Down *A*nnoyance From Criticism *G*uilty Feelings *E*ye-openers (CAGE) screening instruments
2. At least two alcohol detection and drug monitoring techniques available in the office setting
3. Indicators of dual diagnosis (psychiatric and alcohol or other drug abuse problem)
4. Cross-addiction potential: concomitant use of drugs masking or altering signs of abuse in a patient

Skill Objectives

Interpret CAGE and MAST data in relation to other diagnostic factors from the history, physical exam, and laboratory investigations in a minimum of two patients who have aroused physician's suspicions. Document in patient record.

Historytaking

Knowledge Objectives

1. What questions to ask in a routine examination
2. What questions to ask if suspicion is aroused
3. Areas of a history likely to be high-yield in terms of identifying an alcohol or other drug abuse problem
4. Clues to a problem found in the style of a

patient's or family member's response to questioning

Skill Objectives

Follow up on all suspicions aroused in a routine alcohol and other drug history with thorough and directed line of questioning.

Physical Examination

Knowledge Objectives

1. Common early, middle, and late manifestations
2. The common lack of signs in the early stages
3. Physical signs associated with abuse of one drug masking abuse of another

Skill Objectives

Interpret physical exam findings in relation to alcohol and other drug use and abuse in at least five patients who have aroused the physician's suspicions. Document relevant conclusions in patient record.

Laboratory Investigations

Knowledge Objectives

1. What supporting tests are available
2. Common early, middle, and late manifestations
3. The common lack of physical signs in early stages
4. Cross-addiction potential: concomitant use of drugs masking or altering signs of alcohol or other drug abuse

Skill Objectives

Interpret laboratory test findings in relation to alcohol and/or other drug abuse in a minimum of two patients who have aroused the physician's suspicions and document in the patient record.

Intervention

Knowledge Objectives

1. An actual "diagnosis" written in the chart need not be made to warrant an intervention
2. Intervention is always important
3. At least two methods to attack the denial and the different manifestations of denial
4. Ingredients of confrontation
5. Common reactions to confrontation
6. Intervention techniques available in the community and office
7. At least two motivating and counseling techniques
8. Awareness of "failure" versus "success" in the context of confronting an alcohol or other drug abuser or family member
9. The continuum of confrontation involves a longitudinal process using various strategies and opportunities

Skill Objectives

1. Participate in a minimum of one conference to motivate a patient for treatment and recovery
2. Participate in a negotiation session with a patient and family for treatment with attention to the "critical moment" of timing in initiating this negotiation process
3. Initiate arrangements for or assist in conducting an intervention to directly confront the denying patient; document in patient record

Acute Management

Knowledge Objectives

1. Indications for outpatient and inpatient detoxification
2. Complications of detoxification: essential elements and pitfalls
3. Natural course of withdrawal and stages
4. Differences in withdrawal pattern seen in different drugs, e.g., sedative hypnotics, stimulants, alcohol
5. Sedative substitution in withdrawal and other techniques of withdrawal
6. Indications and techniques for nonmedical detoxification
7. Resources available in the community for detoxification

8. Essential elements of making a contract with a patient
9. Characteristics of patient motivation as they impinge on success of detoxification
10. Incidental withdrawal signs and management strategies
11. Monitoring and following detoxification progress

Skill Objectives

1. Determine which patients to detoxify in a group of five alcohol-abusing patients.
2. Determine where to detoxify those patients.
3. Conduct detoxification of at least one patient using a nondrug regimen and one patient with a drug regimen, with full patient record documentation.
4. Anticipate complications of detoxification and refer patient if necessary.
5. Make appropriate arrangements (refer or followup) after detoxification for a minimum of two patients and document.

Referral

Knowledge Objectives

1. Indications of when to refer and to whom to refer
2. Steps necessary to follow up on a patient entering a formal treatment program
3. Physician's responsibilities and level of involvement in different types of treatment programs
4. What other specialties can offer in terms of referral, e.g., family therapist, nephrologist, gastroenterologist, alcohol/drug abuse counselor
5. Major patient selection characteristics by programs
6. Program characteristics for patient selection
7. Financial requirements of patients for treatment and common financial plans available

Skill Objectives

1. Evaluate at minimum two patients for a program/resource and the programs/resources for those patients.
2. Participate in an aftercare planning conference with at least two patients and their families; document in patient record.

Self-Help Groups

Knowledge Objectives

1. Principles and roles of AA, Al-Anon, Narcotics Anonymous (NA), and other self-help groups in intervention and recovery
2. General principles of AA
3. General progression of steps of AA and Al-Anon
4. Requirements for membership in AA and Al-Anon
5. General philosophy of AA, Al-Anon, NA, etc.
6. Availability of NA and other self-help groups in the community
7. Availability of resources (e.g., AA members) in the community to assist patients in making initial contact with self-help group
8. What educational and self-instructional materials are available or how to access that information

Skill Objectives

1. Assist two patients in making initial contact with AA or other self-help group and document with attendance slips.
2. Attend at least three AA meetings and two Al-Anon meetings.

Long-Term Management

Knowledge Objectives

1. At least three different treatment philosophies
2. Outpatient versus inpatient treatment indications and differences between the two kinds of treatment
3. Outcome data or results of at least three modalities with an assessment of that information for use in recommending programs

4. Managing relapse
5. Attention to prescription and over-the-counter drug use
6. Monitoring family adjustment and coping
7. Encouraging continued involvement in AA and Al-Anon for family
8. Indications and contraindications for use of disulfiram
9. Health modification techniques
10. Smoking cessation and implications of other addictive behaviors
11. Chronic pain management and iatrogenic and nonsanctioned drug use
12. Ways that employee assistance programs can be useful resources in long-term management

Skill Objectives

1. Identify an alcohol abuser in the family practice setting and, after assessing the situation, develop and carry out a management plan with that person and the family, with full documentation in the patient record
2. Prevent, where possible, and manage relapse
3. Conduct perioperative management with one patient
4. Treat intercurrent psychiatric and medical illnesses or behavioral problems within the context of alcoholism or other drug abuse history in one longitudinal patient, with full patient record documentation
5. Prescribe and follow up the use of disulfiram in management

Use of Psychotropic Medications

Knowledge Objectives

1. Prevalence of hazardous drugs and drugs/medicines containing alcohol
2. Indications for when to use psychotropic medications in management
3. Contraindications for use of psychotropic medications in management
4. Addiction potential for patients being managed for pain, anxiety, insomnia, and depression

Skill Objectives

1. Determine at least five situations where pharmacologic intervention may be inappropriate for treatment of intoxication or withdrawal
2. Prescribe all medications with full knowledge of consequences for recovering alcoholics or other drug abusing patient.

Therapeutic Relationship

Knowledge Objectives

1. One's own personal and professional limitations in managing alcohol or other drug abuse
2. Alcohol and other drug abuse comprise a very common illness presenting in family practice
3. The role alcohol and other drugs play in one's own life and in the lives of families in society in general
4. Characteristics of a physician's role in the long-term management of alcohol and other drug abuse

Skill Objectives

1. Participate in a planning meeting with other health care professionals regarding long-term goals for at least one patient
2. Evaluate appropriate physician role in the long-term management of at least one patient and implement plans based on that evaluation.

Legal Aspects

Knowledge Objectives

1. Legal issues involved in drug screening
2. Legal implications of a diagnosis in a patient's record and confidentiality laws regarding alcohol and drug use and abuse
3. Use of prescriptions

Health Professional Impairment

Knowledge Objectives

1. Demographics of alcohol and drug abuse in physicians and other health professional groups

2. High-risk specialties

3. Signs and symptoms to alert attention to self or colleague

4. Special features of physician alcohol and other drug abuse versus other professional groups

5. Contributory factors to physician alcohol and other drug abuse

6. Outcome study results

7. Characteristics of resources available within institution or community

8. State's Impaired Physician programs

9. Aid to Impaired Medical Students (AIMS) programs

10. Self-help groups for physicians with alcohol and drug problems, e.g., International Doctors in AA

Skill Objectives

1. Initiate an appropriate intervention step if an alcohol or other drug abuse problem manifests in self or a colleague

2. Freely discuss drug and alcohol use and personal risk with colleagues

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